## **AUTHORITY TO FILE CLAIM**

Purpose: This form is used to document the fact that the officer or agent signing the Standard Form 95 (SF 95) is authorized to act on behalf of the company or corporation filing the claim. This form may not be signed by the agent signing the Standard Form 95 but rather should be signed by that agent's supervisor.

|   | (Date)   |
|---|--|
| The undersigned is                              | President, Secretary, etc.)                        |
| (Specify Position, e.g.,                        | President, Secretary, etc.)                        |
| (Name and Address of                            | Corporation or Company)                            |
| and in such capacity has access to the books an | d records of(Name of Corporation or Company)       |
| , , , , , , , , , , , , , , , , , , ,           | (Name of Corporation or Company)                   |
| is  |  |
| (Name of Agent who signed SF 95)                | (Position of Agent who signed SF 95)               |
| of  | , and has the power and authority to file, adjust, |
| (Name of Corporation or Company)                |  |
| and settle claims for and on behalf of          | as its Name of Corporation or Company)             |
| 4)  | Name of Corporation or Company)                    |
| duly authorized agent.                          |  |
|   |  |
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|   |  |
|   | •  |
|   |  |
|   | (**Typed Name and Signature of the agent           |
|   | supervisor)  |

<sup>\*\*</sup> This form must be signed by someone other than the person signing the SF 95.